

## DEPARTMENT OF PHARMACY AND CHEMISTRY.

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(Devoted to the advancement of Pharmacy and its allied branches; to the work of the Council on Pharmacy and Chemistry of the American Medical Association, and to matters of interest bearing upon the therapeutic agents offered to the medical profession. The editor will gladly supply available information on matters coming within the scope of this Department.)

### NEW AND NONOFFICIAL REMEDIES.

Since publication of New and Nonofficial Remedies, 1916, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

**Mead's Dry Malt Soup Stock.**—A mixture containing desiccated maltose and desiccated dextrin (about equal parts) 47 per cent., wheat flour 47 per cent., potassium carbonate 1 per cent., and moisture 5 per cent. Mead Johnson & Co., Jersey City, N. J. (Jour. A. M. A., May 20, 1916, p. 1623).

**Phenolphthalein-Monsanta.**—A non-proprietary preparation of phenolphthalein admitted to New and Nonofficial Remedies (Jour. A. M. A., May 20, 1916, p. 1623).

**Enteric Coated Glycotauro Tablets.**—Each tablet contains glycotauro 2 grains and is coated with salol. Hynson, Westcott & Co., Baltimore, Md.

**Petroagar.**—Each 100 gm. contains petrolatum 72 gm., agar 22 gm. with powdered licorice, cocoa and oil of anise sufficient to flavor. H. C. Merker Co., Chicago, Ill.

**Petrobran.**—Each 100 gm. contains petrolatum 74 gm., bran 22 gm. with powdered licorice and "oil of pineapple" (ethyl butyrate) sufficient to flavor. H. C. Merker Co., Chicago, Ill. (Jour. A. M. A., June 10, 1916, p. 1857).

### ITEMS OF INTEREST.

**Vaccine Treatment.**—Hektoen (Jour. A. M. A., May 20, 1916, p. 1591) traces the stages by which vaccines, which were first employed with attempted scientific control, have come into indiscriminate and unrestrained use, with no guide beyond the statements which commercial vaccine makers are pleased to furnish with their wares. Already most physicians are realizing that the many claims made for vaccines are not borne out by facts, and that judging from practical results there is something fundamentally wrong with the method as at present so widely practiced. As clearly shown by Hektoen, "the simple fact is that we have no reliable evidence to show that vaccines, as used commonly, have the uniformly prompt and specific curative effects proclaimed by optimistic enthusiasts and especially by certain vaccine makers, who manifestly have not been safe guides to the principles of successful and rational therapeutics" (Jour. A. M. A., May 20, 1916, p. 1625).

**English Prescriptions.**—Bernhard Fantus, professor of pharmacology and therapeutics, University of Illinois School of Medicine, favors the abandonment of the so-called "Latin" prescription. He holds that the usual arguments in favor of the "Latin" prescription are fallacious and points out the advantages of the use of English. He concludes: "By far the most important reason for writing prescriptions in English lies in the difficulty

medical students have in learning the Latin form. To the student prescription writing is a bugbear. When one thinks of the crowded medical curriculum and the comparatively small number of hours set aside for pharmacology and therapeutics, it seems a pity to waste any of it on the acquiring of an antiquated form of expression." In regard to the claim that Latin prescriptions guard a patient from knowledge which might be prejudicial, he replies: "Inasmuch as it is the popular opinion that doctors use Latin in prescription writing to keep the laity in ignorance for selfish ends, it seems high time that we antagonize this idea; and we can do this most emphatically by using English. This we can also do with perfect safety, for secrecy is very rarely, if ever, essential in the practice of the up-to-date physician, who generally prefers to take his patient into his confidence than to keep him in ignorance. Deception is not practiced by the true physician. Therein lies the special difference between the quack and the honest medical man" (Jour. A. M. A., May 27, 1916, p. 1696).

**Ichthyol.**—The American agent for Ichthyol—the sole importer—announces that his supply of Ichthyol is exhausted. As fraudulent substitutes are offered for sale, this state of affairs should be known to physicians (Jour. A. M. A., May 27, 1916, p. 1734).

**Nonspecific Treatment of Diseases.**—Evidence is accumulating that certain therapeutic effects ascribed to specific treatment with vaccines or serums, have been due to nonspecific effects produced by these preparations. Jobling and Peterson (Jour. A. M. A., June 3, 1916, p. 1734) review the evidence along these lines. They conclude that too much reliance has been given to the idea of specificity and that we have refused to consider evidence of nonspecific therapeutic results. We should, however, not cast aside all ideas of specificity in disease, a conception which has been the foundation of vaccine therapy. Miller and Lusk (Jour. A. M. A., June 3, 1916, p. 1756) in a paper dealing with one phase of nonspecific therapy, report improvement in cases suffering from arthritis following intravenous injection of typhoid vaccine. It would be of interest to know how permanent the improvement was and in how many cases the cause of the arthritis was found and removed. Also, we must bear in mind the query of Theobald Smith: How much energy does a reaction of this sort cost the patient, and is the final result worth the cost? (Jour. A. M. A., June 3, 1916, p. 1784).

**A Case of Beta-Eucain Poisoning.**—T. G. Orr, Kansas City, Mo., reports a case of beta-eucain poisoning. Toxic symptoms appeared after an operation in which 3 ounces of a 0.25 per cent. beta-eucain hydrochloride was used for the local anesthesia. After the toxic symptoms had completely disappeared, the patient died suddenly five days later. Necropsy showed an embolus in the left coronary artery (Jour. A. M. A., June 10, 1916, p. 1857).

**Efficiency and Nontoxicity of "Arsenobenzol."**—Udo J. Wile, Ann Arbor, Mich., reports that during the last six months 612 injections of "Arsenobenzol" from the Philadelphia Polyclinic have been administered at the University of Michigan Hospital. Wile concludes that the immediate therapeutic results from the use of Arsenobenzol are fully as good as those following the use of Salvarsan and that, given with proper precaution, the drug has shown itself fully as little toxic as Salvarsan. The conclusions refer to intraspinal medication as well as to intravenous (Jour. A. M. A., June 10, 1916, p. 1880).

**Controlled Clinical Trials.**—At the "Cardui" trial, which is now in progress, A. S. Loevenhart, Professor of Pharmacology and Toxicology at the University of Wisconsin, testified as to the conditions under which the clinical trial of a medicine would give results as certain as those yielded by

the usual pharmacologic methods. Professor Loevenhart had testified that he preferred his students to be familiar with drugs, the value of which had been clearly worked out by accurate clinical methods and shown to be useful in the treatment of disease. Asked as to the character of the clinical trials required to demonstrate the value of a drug, he held that there was no difference between a careful clinical test and a careful pharmacological test. Loevenhart explained that to determine if Wine of Cardui had the claimed action an experimenter would take a certain number of cases of amenorrhea, perhaps 50, and divide them into two sets; treat 25 with Wine of Cardui and the others without it and then make an estimate of the amount of the material passed at the time of the menstrual period. Such trials carried out in a hospital, where the physician receives his reports from nurses and is not obliged to depend on the statements of the patients, he explained, would be as reliable as a properly conducted pharmacological experiment (Jour. A. M. A., April 15, 1916, p. 1219).

**Diagnosis of Female Disorders.**—Manufacturers of "uterine wafers," etc., often advise the use of their preparations without physical examination of the patient when patients are disinclined to submit to such physical examination on the chance that one of the asserted constituents of the proprietary may hit the cause of the trouble. In this connection the testimony of J. Clarence Webster, professor of Obstetrics and Diseases of Women in Rush Medical College, Chicago, in the "Wine of Cardui" case is of interest. He was asked: ". . . Is it necessary to make an examination of the female pelvis in order to determine the condition, the underlying cause of the condition and the treatment which is necessary?" He replied: "It is necessary. . . . Because from symptoms one can rarely have any accurate idea of the pathological condition in the body, in this part of the body. . . . There are many symptoms which are common to different conditions and consequently it is necessary in analyzing a case to make a careful physical examination." Again, when asked "Can you determine, or can the conditions of the uterus, or pelvic organs be determined merely by attention to description of symptoms which a patient gives?" he replied "I cannot" (Jour. A. M. A., April 22, 1916, p. 1337).

**Proper Self-Medication.**—In the course of his testimony in the "Cardui" trial, John Leeming, M. D., Chicago, explained the extent to which self-medication is to be encouraged. Asked if it was very dangerous for a person who thinks he has a cold to take some aspirin without going to a doctor, he replied that, while in exceptional cases it might be exceedingly dangerous, in most cases of simple cold it would not be so in that Nature's recuperative powers would in most cases throw off such a cold. He explained that he always advises his patients how to treat themselves for simple ailments and to come to him when there are danger signs. Asked if it was dangerous for a person with a cough to get any medicine without a diagnosis, Dr. Leeming replied that it would not be dangerous at all if the person understood his case and in consultation with his doctor he has been generally advised. In families where he is the attending physician he often advises not to send for him in case of a slight cold, but to take a little medicine that will help Nature to throw it off (Jour. A. M. A., April 22, 1916, p. 1330).

What is a "Medical Authority"?—There has been a tendency to look upon publishers of text books as authorities and not to consider a physician as an authority on a certain subject unless he has written a text book on it. That the publication of a book does not prove its writer to be an authority is the opinion of J. Clarence Webster of Rush Medical College expressed at the "Cardui" case, which is being tried in Chicago. Having

referred to Frank Billings as an authority, Webster was asked to define the term "authority." He replied: "As far as a human being can be an authority on anything, I would regard a man who had worked at a particular subject in a scientific manner over a period of time, and who had more experience in that subject than other people, or most other people, as the best human authority that could be found." Asked if a man was more of an authority if he had written a book, Webster replied: "Often less in the eyes of the world" (Jour. A. M. A., April 29, 1916, p. 1410).

**Viburnum Prunifolium Inefficient.**—J. Clarence Webster, holding the Chair of Obstetrics and Diseases of Women in Rush Medical College, testified in the "Wine of Cardui" case that he gave up the use of fluid extract of viburnum prunifolium because he believed that the benefit that he obtained from its use in pain in association with menstruation, was due to the alcohol in it. He had never had any reason whatever to believe that viburnum was of any value in warding off a threatened abortion. When in cases of painful menstruation he used the solid extract which contained no alcohol, he could not get the same results that he had obtained before and he gradually gave up the use of the drug altogether. Arthur A. Small, senior physician at St. Joseph's Hospital, Chicago, testified of extensive experience with the use of viburnum prunifolium, while resident physician in the Toronto General Hospital. As a result of his experience there he is of the opinion that viburnum prunifolium is of no value in the treatment of female diseases. In these experiments both the fluid extract and the solid extract were used and it was found that the alcoholic solutions would prevent or lessen pain in some cases. In other words, the only action was that of the alcohol. J. B. DeLee, holding the Chair of Obstetrics at the Northwestern University School of Medicine, testified that years ago he gave large quantities of extractum viburnum prunifolium for the prevention of miscarriage, but found it useless (Jour. A. M. A., April 22, 1916, p. 1338; May 13, 1916, p. 1566; May 20, 1916, p. 1639).

When Medicines are not Required or are Useless.—Promoters of proprietary "uterine tonics" would have their preparation administered to girls and to pregnant women whether indicated or not and in conditions where medicines plainly can do no good. The testimony of E. E. Montgomery, Professor of Gynecology at Jefferson Medical College, Philadelphia, in the "Cardui" trial forcibly brings out the objections to the indiscriminate administration of medicines to girls and women and the futility of their use in cases which need surgical attention. Regarding the administration of "tonics" to girls at puberty he said that to advise a girl who is undergoing a physiological process that she must take some medicine which contains alcohol or any habit-forming drug at this period of her life, which is the most impressionable period of her existence, is doing that which is placing her future in peril, and is without any possible benefit. Regarding the administration of a "tonic" such as Wine of Cardui is supposed to be, he testified that it can do nothing but harm; that a woman because she is pregnant, pregnancy being a physiological process, does not need medicine, but needs attention. Regarding the use of medicines in uterine prolapse as a means of strengthening the unstriated muscle and thus to help the muscle to perform its work to hold the womb in place, Dr. Montgomery explained that the unstriated muscle in the woman is not likely to be affected by medicine and that the tissue outside the womb is unlikely to be affected by medicine; to give medicine in the case of a woman who has prolapsus is just about as reasonable as to bathe one's suspenders with a solution when the elastic tissue has been destroyed from them (Jour. A. M. A., May 6, 1916, p. 1481).